

# QUESTIONNAIRE TALKING POINTS

Here are some talking points for you to consider when addressing the questions included in the Healthy Habits Questionnaire.

let's  
talk!

Many offices have successfully used the Healthy Habits Questionnaire to gather basic healthy lifestyle information from their patients. Clinicians have found that simply using and reviewing the questionnaire is a powerful tool for starting the conversation around healthy lifestyles.

**PLEASE NOTE:** The questions below are from the questionnaire for ages 10–18; however, the same discussion points apply to ages 2–9 as well.

## How many servings of fruits and/or vegetables do you have a day?

Five or more servings of fruits and/or vegetables per day contribute to a healthy diet. The palm of the child's hand is a good reference for a serving size of meat and most vegetables. A more accurate guide for each meal is:

- 3 ounces of protein, such as chicken, lean meat, fish, tofu, or 2 tablespoons of peanut butter
- ½ cup to 1 cup of a starch, such as pasta, potato, rice, or 2 slices of bread
- ½ cup to 1 cup of vegetables
- ½ cup or one small piece fresh fruit
- 1 cup milk or 1–2 ounces of cheese

## How many times a week do you eat dinner at the table together with your family?

Family meals are associated with an increased intake of fruits and vegetables. Encourage families to eat meals together more often. Mealtime is a great opportunity for parents to connect with their kids.

## How many times a week do you eat breakfast?

A daily breakfast is very important for a healthy diet. Eating breakfast every day provides the energy needed to start the day. It is fuel for the body!



continued

## How many times a week do you eat takeout or fast food?

Eating takeout or fast food may be associated with poor nutrition. These foods have a tendency to be higher in salt, fat, and sugar so children should eat them less often. If children do eat takeout or fast food, they should look for healthy options.

## How much recreational (outside of school work) screen time do you have daily?

AND

## Is there a television set or Internet-connected device in your bedroom?

The American Academy of Pediatrics recommends the following: 2 hours or less of recreational screen time. They also recommend: no screens in the child's bedroom and no TV or computer under the age of 2.

## How many hours do you sleep each night?

Research has found that chronic sleep curtailment has been associated with high overall obesity rates at age seven. Establishing healthy sleep habits may be a critical component of an obesity prevention intervention.

## How much time a day do you spend being active (faster breathing/heart rate or sweating)?

1 hour or more; the time spent doing physical activity can be separated out throughout the day.

## How many 8-ounce servings of the following do you drink a day?

Consider the following:

**100% juice:**

- 4–6 ounces for children 1–6 years old
- 8–12 ounces for children
- 7–18 years old
- Children 6 months and under should not be given juice

**Water:** Unlimited

**Fruit or sports drinks:** Limited—you can use this opportunity to have a conversation about when a sports drink is needed (after 60 minutes of continuous vigorous activity).

**Soda or punch:** Limited

**Whole milk:** Recommended for children 1 to 2 years old. After age 2, children should be drinking low fat or skim milk. Children under 1 year should drink breast milk or formula.

**Non-fat, low-fat, or reduced fat milk:**

- Children ages 2–3: 2 cups a day
- Children ages 4–8: 3 cups a day
- Pre-teens and teens: 4 cups a day



# 5210 Healthy Habits Questionnaire ages 2-9

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.



Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. How many servings of fruits or vegetables do you have a day? \_\_\_\_\_  
*One serving is most easily identified by the size of the palm of your hand.*
2. How many times a week does your child eat dinner at the table together with the family? \_\_\_\_\_
3. How many times a week does your child eat breakfast? \_\_\_\_\_
4. How many times a week does your child eat takeout or fast food? \_\_\_\_\_
5. How much recreational (*outside of school work*) screen time does your child have daily? \_\_\_\_\_
6. Is there a television set or Internet-connected device in your child's bedroom? \_\_\_\_\_
7. How many hours does your child sleep each night? \_\_\_\_\_
8. How much time a day does your child spend being active? \_\_\_\_\_  
*(faster breathing/heart rate or sweating)?*
9. How many 8-ounce servings of the following does your child drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
  - Eat more fruits and vegetables.
  - Eat less fast food/takeout.
  - Drink less soda, juice, or punch.
  - Drink more water.
  - Spend less time watching TV/movies and playing video/computer games.
  - Take the TV out of the bedroom.
  - Be more active – get more exercise.
  - Get more sleep.

Please give the completed form to your clinician. **thank you!**

# 5210 Healthy Habits Questionnaire ages 10+

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.



[www.letsgo.org](http://www.letsgo.org)

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. How many servings of fruits or vegetables do you have a day? \_\_\_\_\_  
*One serving is most easily identified by the size of the palm of your hand.*
2. How many times a week do you eat dinner at the table together with your family? \_\_\_\_\_
3. How many times a week do you eat breakfast? \_\_\_\_\_
4. How many times a week do you eat takeout or fast food? \_\_\_\_\_
5. How much recreational (*outside of school work*) screen time do you have daily? \_\_\_\_\_
6. Is there a television set or Internet-connected device in your bedroom? \_\_\_\_\_
7. How many hours do you sleep each night? \_\_\_\_\_
8. How much time a day do you spend being active? \_\_\_\_\_  
*(faster breathing/heart rate or sweating)?*
9. How many 8-ounce servings of the following do you drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would be interested in changing now? Please check one box.
  - Eat more fruits and vegetables.
  - Eat less fast food/takeout.
  - Drink less soda, juice, or punch.
  - Drink more water.
  - Spend less time watching TV/movies and playing video/computer games.
  - Take the TV out of the bedroom.
  - Be more active – get more exercise.
  - Get more sleep.

Please give the completed form to your clinician. **thank you!**